PLEASE FILL OUT YOUR BUSINESS NAME & AIN # (LOCATED AT THE TOP RIGHT OF THE SCHEDULE B). COMPLETE THIS FORM IF YOU $\underline{DO\ NOT}$ ENCLOSE OTHER REQUIRED LISTING DOCUMENTATION, CURRENT FIXED ASSET LIST, DEPRECIATION SCHEDULE, ETC.

BUSINESS ITEM LISTING

(DO NOT LEAVE BLANK)

| BUSINESS NAME: | | AIN # |
|--|-----------------|---------------------|
| PHONE:Email:_ | | |
| | | |
| PROPERTY ADDRESS: | | |
| HEEM TEXASE AND DESCRIPTION | YEAR | A COLUCTION COST |
| ITEM TYPE AND DESCRIPTION | ITEM ACQUIRED | ACQUISITION COST \$ |
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| SUPPLIES (month estimate): *Please report 1 month of supplies | *AS OF 01/01/21 | \$ |
| TOTAL COST | | \$ |
| If year acquired and exact cost is not known or equipment was a gift, you must estimate as closely as | | |
| possible and indicate next to each item. If the assets were purchased prior to opening the business, please indicate next to each item also. If you need more space, please attached additional pages with the | | |
| same concept. | | |
| NOTES | | |
| | | |
| | | |
| | | |
| Signature DATE | | |
| (PLEASE SIGN THIS FORM & BACK OF SCHEDULE AND RETURN BOTH TO OUR OFFICE) | | |